



REC'D
FEB 26 2002
RESP

PHILIP MORRIS

U.S.A.

P. O. BOX 26603, RICHMOND, VIRGINIA 23261 TELEPHONE (804) 274-2000

February 18, 2002

Ms. Beth Koesterer
Environmental Protection Agency Region 7
ARTD\RESP (Biennial Report)
901 North 5th Street
Kansas City, KS 66101

Subject: 2001 Biennial Hazardous Waste Report
EPA Id. No. IAR000006858

Dear Ms. Koesterer:

Please find enclosed the 2001 Hazardous Waste Biennial Report for the Philip Morris USA c/o Centrobe Inc., physically located in Polk County at 4460 112th Street, Urbandale, IA 50322. These activities involved the disposal of promotional sales items owned by Philip Morris, USA. This report only documents Philip Morris, USA hazardous wastes and do not include any hazardous waste from Centrobe Inc.'s other activities, if any, at its facility.

As of October 2001, Philip Morris USA has closed and vacated the site. Philip Morris, USA submitted to the EPA Region 7 office a Form 8700-12 - Notification of Regulated Waste Activity in October of 2001.

Please contact me at 804-274-5221, if you would like to discuss this Biennial Report submittal.

Sincerely,

Ellen P. Snyder
Environmental Engineer, Sr.



R00408995
RCRA RECORDS CENTER

Enclosure: 2001 Hazardous Waste Biennial Report

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (see instructions on page 10) CHECK CORRECT BOX(ES)	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: <u>IAIAIR 101010 101016 181518</u>		
3. Site Name (see instructions on page 11)	Name: <u>Philip Morris USA</u> <u>c/o Centrobe Inc.</u>		
4. Site Location Information (see instructions on page 11)	Street Address: <u>4460 112th Street South</u> City, Town, or Village: <u>Urbandale</u> State: <u>IA</u> County Name: <u>Polk</u> Zip Code: <u>50322</u>		
5. Site Land Type (see instructions on page 11)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. <u>541890</u> B. _____ C. _____ D. _____		
7. Site Mailing Address (see instructions on page 12)	Street or P. O. Box: <u>P.O. Box 26603</u> City, Town, or Village: <u>Richmond</u> State: <u>VA</u> Country: <u>USA</u> Zip Code: <u>23261</u>		
8. Site Contact Person (see instructions on page 12)	First Name: <u>David</u> MI: <u>R</u> Last Name: <u>Zimmerman</u> Phone Number: <u>804-274-4803</u> Phone Number Extension: <u>None</u>		
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: <u>R and R Investors, Ltd.</u> Date Became Owner (mm/dd/yyyy): <u>Unknown</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Operator: <u>Philip Morris USA c/o Centrobe</u> Date Became Operator (mm/dd/yyyy): <u>02/10/1999</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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EPA ID No. I A R 0 0 0 0 0 6 8 5 8

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner


☐ 3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on pages 16 and 17)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D009						

[illegible][illegible]

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mr. Bernard C. Kiernan	2/15/02
	Manager, Regulations and Permitting	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA
c/o Centrobe Inc.

EPA ID NO: I I A R I 0 0 1 0 0 6 I 8 5 1 8



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) Out of date promotional safety matches				
B. EPA hazardous waste code (page 22) D 0 0 1 N A I I I N A I I I N A I I I N A I I I		C. State hazardous waste code (page 22) I I I I I I I I I I			
D. Source code (page 23) G 1 I I Management Method code for Source code G25 H I I I I		E. Form code (page 23) W 4 0 9	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) I I I I I I I I 5 2 I 0	H. UOM (page 23) I Density (page 24) I I I I I <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) H I I I I	Quantity treated, disposed, or recycled on site in 2001 (page 25) I I I I I I I I I I	On-site Management Method code (page 24) H I I I I	Quantity treated, disposed, or recycled on site in 2001 (page 25) I I I I I I I I I I	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) I I D I 0 9 8 I 6 4 2 I 4 2 4 I	C. Off-site Management Method code Shipped to (page 26) H 0 4 0	D. Total quantity shipped in 2001 (page 26) I I I I I I I I 5 2 I 0
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) I I I I I I I I I I	C. Off-site Management Method code Shipped to (page 26) H I I I I	D. Total quantity shipped in 2001 (page 26) I I I I I I I I I I
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) I I I I I I I I I I	C. Off-site Management Method code Shipped to (page 26) H I I I I	D. Total quantity shipped in 2001 (page 26) I I I I I I I I I I

Comments:

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA
c/o Centrobe Inc.

EPA ID NO: I I A R 0 0 0 0 0 6 8 5 8



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) Out of date promotional cigarette lighters containing flammable gas (butane)			
B. EPA hazardous waste code (page 22)		C. State hazardous waste code (page 22)		
D 0 0 1 N A				
D. Source code (page 23) Management Method code for Source code G25		E. Form code (page 23)	F. RCRA radioactive mixed (page 23)	
G 1 1		W 8 0 1	<input type="checkbox"/> Yes	
H. UOM (page 23)		G. Quantity generated in 2001 (page 23)	H. Density (page 24)	
1		9 7 2 1 4 0	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on site? (page 24)	
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24)
H		H

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
	I I I D 0 9 8 6 4 2 4 2 4	H 0 4 0	9 7 2 1 4 0
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
		H	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
		H	

Comments:

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA
c/o Centrobe Inc.

EPA ID NO: I A R 0000 0006 8 58



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) Out of date promotional display signs with lamps containing mercury				
B. EPA hazardous waste code (page 22) D009 N A		C. State hazardous waste code (page 22)			
D. Source code (page 23) G 1 1 Management Method code for Source code G25 H		E. Form code (page 23) W 3 2 1 0	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) 30 0	H. UOM (page 23) 1 Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) P A I D 9 8 1 7 3 6 1 7 2 1 1 6	C. Off-site Management Method code Shipped to (page 26) H 0 1 0	D. Total quantity shipped in 2001 (page 26) 30 0
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)

Comments:

This material is being recycled.

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA
c/o Centrobe Inc.

EPA ID NO: I A R 0 0 0 0 0 6 8 5 8



**FORM
OI**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2001 Hazardous Waste Report

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>N J D</u> <u>0 8 0</u> <u>6 3 1</u> <u>3 6 9</u>	B. Name of off-site installation or transporter <u>Onyx Environmental Services, I.L.C.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation Street <u>N/A</u> City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>			

Site 2	A. EPA ID No. of off-site installation or transporter <u>M N R</u> <u>0 0 0 0</u> <u>0 2 2</u> <u>9 4 7</u>	B. Name of off-site installation or transporter <u>Nighthawk Transport Inc.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation Street <u>N/A</u> City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>			

Site 3	A. EPA ID No. of off-site installation or transporter <u>I I D</u> <u>0 9 8</u> <u>6 4 2</u> <u>4 2 4</u>	B. Name of off-site installation or transporter <u>Onyx Environmental Services, I.L.C.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
D. Address of off-site installation Street <u>7 Mobile Avenue</u> City <u>Sauget</u> State <u>I L</u> Zip <u>6 2 2 0 1</u> - <u>1 0 6 9</u>			

Site 4	A. EPA ID No. of off-site installation or transporter <u>P A D</u> <u>9 8 7</u> <u>3 6 7</u> <u>2 1 6</u>	B. Name of off-site installation or transporter <u>Advanced Env. Recycling Company</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
D. Address of off-site installation Street <u>2591 Mitchell Avenue</u> City <u>Allentown</u> State <u>P A</u> Zip <u>1 8 1 0 3</u> - <u> </u> <u> </u> <u> </u>			

Site 5	A. EPA ID No. of off-site installation or transporter <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>			

Comments: